

**REPORT OF THE ADVISORY COMMITTEE ON MINORITY VETERANS**



**Annual Report**

**2017**

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## **Letter from the Advisory Committee Chair**

Dear Secretary Shulkin:

I am honored to serve as the Chairman of the Advisory Committee for Minority Veterans (ACMV). The enclosed 2017 Annual Report includes recommendations which reflect key issues identified by the Committee during its visits to the Department of Veterans Affairs sites in the Jacksonville, FL and site visit conducted in the Albuquerque, NM areas. While visiting these areas we also conducted Town Hall meetings to gather issues and recommendations from our veterans at these sites.

The Advisory Committee applauds you for the tremendous progress you have made in improving services provided to our veterans in a very short period of time. Under your leadership, mental health care is currently available to veterans with other-than-honorable discharges and in distress, authorized veterans with other than Honorable discharges to be eligible for VA benefits based on the initial period, and you succeeded in working with Congress to pass legislation that provides necessary funding to maintain and expand the Choice Program. In response to the projected growth of minority veterans, you also approved funding for an additional Program Analyst position for the Center for Minority Veterans. All of these changes are very significant in serving those who have served our great nation.

Our Committee Report reflects ongoing concerns of minority veterans which we heard as we traveled to different VA facilities and sites. An ongoing major concern of the committee is the VA's inconsistency in collecting race and ethnicity data because it impedes VA's ability to adequately identify and address repetitive issues and concerns of minority veterans and ethnicity data by VBA, VHA and NCA. Additionally, this data is critically needed to identify health disparities and to ensure that minority veterans are receiving quality care and services throughout the VA system. The 2016 Commission on Care report and previous advisory committee recommendations provide sound rationales for gathering and analyzing comprehensive race and ethnicity data as well as demographic data. The consistent tracking of such data will ensure the Department's commitment to provide equitable and impartial services and programs to all veterans. We, as the ACMV, therefore strongly request your support in requiring that the Veterans Benefit Administration, Veterans Health Administration and National Cemetery Administration begin the formal collection of race and ethnicity data as a part of VA's modernization plans.

The Committee appreciates the VBA's response to expand its capabilities to collect demographic/ethnicity data to determine the best way for VBA to fully implement an equitable system in its many programs provided specifically around compensation for service-connected disabilities.

The Committee recognizes VHA's Women's Health for having already produced on-going materials, posters, and brochures in Spanish and the Veterans Experience Office for adding a self-reported race question to the Outpatient Survey to increase collecting minority veterans sample size for outpatient surveys.

The Committee is disappointed that the staffing level in the VHA Office of Health Equity (OHE) has once again been delayed thus raising the issue if there is a real commitment and where does health equity lie in VA's list of priorities. The Commission on Care in its final report also addressed this issue in recommendation #5. Another disappointment is the lack of action taken to implement interventions to address identified health disparities identified in the 2007 report entitled Evidence Brief: Update on Prevalence of and Interventions to reduce Racial and Ethnic Disparities with the VA to demonstrate progress made. The Committee questions the value of conducting research and not following through on implementing effective strategies that would improve the quality of care provided to minority veterans.

The Committee recommends you authorize the Center for Minority Veterans to collaborate with VA partners to organize and host a National Minority Veterans Summit in 2018. In the history of VA, no such event has ever been held and seems extremely important given the changing demographics of the veteran population. A National Minority Veterans Summit would provide the opportunity for minority veterans to hear from the VA leadership while providing them a platform to vocalize what is important to them in serving their unique needs.

The Committee is strongly encouraged by the Secretary's leadership to ensure the VA's ongoing progress to enhance access to VA services for all Veterans!

In closing, ACMV respectfully requests that future briefings from VA entities include specific racial and ethnicity data and recommendations at the next ACMV meeting tentatively scheduled for October 2017 in Washington, DC. I extend the Committee's special thanks to the staff of the Center for Minority Veterans for their professionalism and continued outstanding support to the ACMV.

On behalf of the Committee, I express my sincere appreciation for allowing us the privilege to serve the VA and our Nations Minority Veterans.

Respectfully,



Librado M. Rivas  
Chairman

Advisory Committee on Minority Veterans

## Part I. Executive Summary

The 2017 Annual Report of the Advisory Committee on Minority Veterans (ACMV) provides the Committee's observations, recommendations, and rationales that address the effectiveness of the Department of Veterans Affairs' (VA) delivery of benefits and services to minority Veterans. The report also provides Departmental responses and action plans to address the 2017 ACMV Annual Report recommendations, and a summary of the progress made on action plans from the 2012 and 2016 ACMV Reports.

The ACMV fulfilled its requirement to conduct a minimum of two meetings this year in accordance with Public Law 103-446, and the VA Charter on the Advisory Committee on Minority Veterans dated March 7, 2016. The ACMV met on December 6-8, 2016, at VA Central Office (VACO) and conducted a site visit in the Albuquerque, New Mexico area from April 11-13, 2017. The meeting at VACO included briefings from the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), the National Cemetery Administration (NCA), and select staff offices. Ex-Officio members from the Department of Health and Human Services (HHS) and the Department of Commerce (DOC) provided briefings on their respective missions and services provided to minority Veterans at the VACO meeting. During the Albuquerque site visit, the ACMV received briefings and facility tours at the New Mexico VA Health Care Center, Albuquerque Regional Benefit Office, and Santa Fe National Cemetery. On the afternoon of April 12, 2017, the ACMV and representatives from the New Mexico Health Care Center, Albuquerque Regional Benefit Office, and Santa Fe National Cemetery responded to questions from minority Veterans and provided updates on current VA initiatives during a town hall meeting conducted at the Indian Pueblo Cultural Center (IPCC) in Albuquerque.

The ACMV reviewed information received during meetings with VA officials, through document reviews, and from direct communications with minority Veterans. The Committee strongly believes that if implemented, the four 2017 recommendations will significantly enhance VA's ability to strategically address the needs of minority Veterans as the Veterans population become more diverse. These recommendations and rationales address the following issues:

- Collecting and analyzing race and ethnicity data across all business lines to identify, monitor, and address potential disparities that effect minority Veterans by the start of fiscal year (FY) 2018.
- Providing the Office of Health Equity (OHE) necessary personnel resources by the end of FY 2017 to facilitate implementation of the VA Health Equity Action Plan.
- Publishing an update to the 2015 Health Services Research and Development (HSR&D) Report entitled *Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA* to demonstrate the progress made to address identified issues and disparities that impact minority Veterans by the end of FY 2018.
- Ensuring that the Spanish language versions of the instructions for applications for VA benefits and services are readily available, especially in areas of the country with high Latino/Hispanic populations, to assist Veterans and their family members secure VA benefits and services.

## Part II. Summary of 2017 Recommendations

**Recommendation #1:** That the Department of Veterans Affairs collect and analyze race and ethnicity data across all business lines to identify, monitor, and address potential disparities that effect minority Veterans by the start of FY 2018.

**Recommendation #2:** That the Department of Veterans Affairs, Veterans Health Administration, follows through on its commitment to provide the VHA Office of Health Equity (OHE) necessary personnel resources by the end of FY 2017 to facilitate implementation of the VA Health Equity Action Plan.

**Recommendation #3:** That the Department of Veterans Affairs publish an update to the 2015 Health Services Research and Development (HSR&D) Report entitled *Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA* to demonstrate the progress made to address the identified issues that impact minority Veterans by the end of FY 2018.

**Recommendation #4:** That the Department of Veterans Affairs ensure that the Spanish language versions of the instructions for applications for VA benefits and services are readily available, especially in areas of the country with high Latino/Hispanic populations, to assist Veterans and their family members seeking VA benefits and services.

### Part III. ACMV 2017 Recommendations, Rationales and VA Responses

**Recommendation #1: That the Department of Veterans Affairs collect and analyze race and ethnicity data across all business lines to identify, monitor, and address potential disparities that effect minority Veterans by the start of FY 2018.**

**Rationale:** The requirement to gather data for the purpose of planning and evaluating VA programs is found in 38 U.S.C., Part I, Chapter 5, Subchapter II, Section 527(b). In carrying out this section, the Secretary shall collect, collate, and analyze on a continuing basis full statistical data regarding participation (including the duration thereof), provision of services, categories of beneficiaries planning and construction of facilities, acquisition of real property, proposed excessing of land, accretion and attrition of personnel, and categorized expenditures attributable thereto.

<https://www.gpo.gov/fdsys/pkg/USCODE-2011-title38/pdf/USCODE-2011-title38-partI-chap5-subchapII-sec527.pdf>

A 2007 VA Office of General Counsel opinion memorandum on the subject of gathering demographic data stated, 38 U.S.C., Part I, Chapter 5, Subchapter III, Section 544(c)(1)(A)(B)(C) requires the annual report of the Advisory Committee on Minority Veterans include an assessment of the needs of Veterans who are minority group members with respect to compensation, health care, rehabilitation, outreach, and other benefits and programs administered by the Department. In order for the Committee to capture and report this information, VHA, VBA, and NCA must collect this information. In addition, one of the primary purposes of the Center for Minority Veterans is to conduct and sponsor appropriate social and demographic research on the needs of Veterans who are minorities and the extent to which program authorized under this title meet the needs of those Veterans, without regard to any law concerning the collection of information from the public. 38 U.S.C., Part I, Chapter 3, Section 317(d)(5). The Center for Minority Veterans' ability to "conduct and sponsor" research as needed to determine minority Veterans' needs and the efficacy of the VA programs in meeting them, also require the participation of the three program administrations.

<https://www.gpo.gov/fdsys/pkg/USCODE-2011-title38/pdf/USCODE-2011-title38-partI-chap5-subchapIII.pdf>

<https://www.gpo.gov/fdsys/pkg/USCODE-2011-title38/pdf/USCODE-2011-title38-partI-chap3-sec317.pdf>

Guidance under 38 U.S.C. requires the Center for Minority Veterans and Center for Women Veterans to conduct demographic utilization reviews. Currently, the Department has focused most of its efforts to gender specific data reviews. There exists a disparity in the manner in which VA collects demographic data. Race and ethnicity data along with gender identification is requested on the VA Form 1010EZ - Application for Health Benefits. However, the following VA forms utilized to apply for VA benefits and services only ask for voluntary gender identification: VA Form 21-526EZ (Feb 2016) - Application for Disability Compensation and Related Compensation Benefits; VA Form 21-534EZ (Jun 2014) - Application for DIC, Death Pension, and/or Accrued Benefits; VA Form 21-2680 (May 2015) - Examination for Housebound Status of Permanent Need for Regular Aid and Attendance and; VA Form 40-10007 (Nov 2016) - Application for Pre-Need Determination of Eligibility for Burial in a VA National Cemetery. The Department of Veterans Affairs Annual Benefits Report (Compensation and Pension sections) contains gender reviews of benefits utilization but does not have a similar race/ethnicity review. Race/Ethnicity and gender reviews of utilization are reflected only for the Home Loan Guaranty section.

<https://www.gpo.gov/fdsys/pkg/USCODE-2011-title38/pdf/USCODE-2011-title38-partI-chap3-sec317.pdf>

<https://www.gpo.gov/fdsys/pkg/USCODE-2015-title38/pdf/USCODE-2015-title38-partI-chap3-sec318.pdf>

<http://www.benefits.va.gov/REPORTS/abr/ABR-Compensation-FY16-0613017.pdf>

<http://www.benefits.va.gov/REPORTS/abr/ABR-LoanGuaranty-FY16-02062017.pdf>

In 2017, the VA National Center for Veterans Analysis and Statistics published the Minority Veterans Report - Military Service History and VA Benefits Utilization Statistics. This report chronicles the history of racial and ethnic minorities in the military as Veterans and profiles characteristics of minority Veterans in 2014. This report primarily depicts minority Veterans' utilization of VA benefits and services in the aggregate. However, a further review by specific race and ethnicity is required to position the Department to meet the future needs of a more diverse population.

[https://www.va.gov/vetdata/docs/SpecialReports/Minority\\_Veterans\\_Report.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf)

In the 2016 Commission on Care Report, Recommendation #5 - Health Care Equity, the Commission recommended – VHA increase the availability, quality, use of race, ethnicity, and language data to improve the health of minority Veterans and other vulnerable Veteran populations with strong surveillance systems that monitor trends in health status, patient satisfaction, and quality measures.

[https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care\\_Final-Report\\_063016\\_FOR-WEB.pdf](https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf)

VAOIG Report 15-04673-333, VHA Review of the Implementation of the Veterans Choice Program included a review of Choice Utilization by Top Medical Services Needed, but did not include a demographic (race/ethnicity of gender) review of patients involved in the appointment process. Two of the eight facilities (VA Greater Los Angeles and South Texas Veterans Health Care System) reviewed in the report were in high minority Veteran population areas. The OIG report noted that the primary barriers encountered by Veterans utilizing the Choice Program were cumbersome authorization processes, authorization and scheduling procedures, and inadequate provider networks. It would also seem appropriate to determine if a demographic comparison of the eight facilities reviewed would have identified disparities. During the Advisory Committee on Minority Veterans (ACMV) April 2017 site visit to Albuquerque, New Mexico, the Committee was provided an update on the local progress made with the Veterans' Choice Program. It was noted during the briefing that Hispanics/Latino Veterans were not part of the racial demographic review of utilization of the program in New Mexico. The Committee realizes that Hispanic/Latino is not categorized as a race; rather it is specified as ethnicity. However, due to the past history of individuals from this ethnic group being designated to the "White" racial group (including two committee members); it is highly recommended that VA include ethnicity in demographic reviews of health programs utilization. Additionally, the Hispanic Veteran population is projected to increase from 1,500,000 in 2014 to 2,055,000 by 2043.

<https://www.va.gov/oig/pubs/VAOIG-15-04673-333.pdf>

The MITRE Corporation created a Blue Ribbon Panel composed of health experts and published Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, September 2015. One of the report's key findings was that VA needs a patient-centered demand model that forecasts resources needed by geographic location to improve access and make informed resourcing decisions. This tool needs to be able to forecast demand at the local facility level and fine-tune its estimates of required resources. A comprehensive demographic review of current and projected utilization of VA benefits and services would be part of a patient-centered approach recommended by the MITRE Corporation, pages xiv-xv.

[https://www.va.gov/opa/choiceact/documents/assessments/Integrated\\_Report.pdf](https://www.va.gov/opa/choiceact/documents/assessments/Integrated_Report.pdf)

VA has an agreement to share information with the Social Security Administration (SSA). Since its beginnings, SSA has recorded the race and ethnicity provided by those who apply for a Social Security card<sup>1</sup>. Health and Human Services (HHS) utilizes race and ethnicity data obtained from SSA as part of its analysis of data to address health disparities.

<http://www.executivegov.com/2016/11/va-ssa-launch-medical-records-sharing-initiative-david-shulkin-comments/>

<sup>1</sup> Identifying the Race or Ethnicity of SSI Recipients - Social Security Bulletin, Volume 62, Number 4, 1999 - Identifying the Race or Ethnicity of SSI Recipients.

<https://www.ssa.gov/policy/docs/ssb/v62n4/v62n4p9.pdf>

**VA Responses:**

**VBA Response:** Concur in Principle

VBA will reach out to SSA to determine what type of demographic/ethnic information is available to its agency and whether VBA could use this additional data for analysis of its own benefit programs. VBA will also work with the National Center for Veterans Analysis and Statistics (NCVAS) to determine whether the 2017 Minority Veterans Report data on beneficiaries can be categorized by specific race/ethnicity. Based on the results, a determination will be made on the best way for VBA to fully implement this recommendation.

<b>VBA Action Plan:</b>						
<b>Recommendation #1:</b>						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status as of June 2017</b>	<b>Contact Person</b>
VBA will reach out to SSA to determine how comprehensive SSA race/ethnicity data is and whether VBA could use such additional data.	20B	20B 20P, 20E	Convene a meeting with SSA staff.	11/1/17		Mark Seastrom, Director, 20B
VBA will work with NCVAS to determine whether the 2017 Minority Veterans Report data on beneficiaries can be categorized by specific race/ethnicity.	20B	20P, 20E	Convene a meeting with NCVAS staff.	10/1/2017		Mark Seastrom, Director, 20B

VBA will examine adding voluntary race/ethnicity fields to applications forms.	20P	20B	Establish a work group.	TBD		Robert Reynolds, DUS, 20P
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**VHA Response:** Concur

<b>VHA Action Plan: Office of Health Equity</b>						
<b>Recommendation #1:</b> That the Department of Veterans Affairs collect and analyze race and ethnicity data across all business lines to identify, monitor, and address potential disparities that effect minority Veterans by the start of FY 2018.						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status as of June 2017</b>	<b>Contact Person</b>
<p>Establish mechanisms to ensure that the collection of race and ethnicity data is standardized and collected in accordance with OMB standards.</p> <p>Evaluate the requirement to include collection of race/ethnicity data for all products.</p>	Office of Enterprise Integration	All VHA program offices that collect and/or report data.	<p>Conduct an organizational assessment to determine current methods used by VHA program offices to collect and report racial/ethnic data.</p> <p>Based on the outcome of the organizational assessment, implement OMB criteria or establish VA/VHA processes as needed.</p> <p>Identify VA and VHA Leadership need to successfully implement the efforts.</p> <p>Collecting the data that would identify potential disparities remains a key priority for VHA. Specific Program Offices need to analyze the collected data to determine which</p>	<p>Ongoing.</p> <p>Anticipated full implementation of initial actions dependent upon the completion of the Modernization effort.</p>	<p>As VHA implements its Modernization Strategy. VHA leadership and the Modernization Team are looking at functions across the Office of Health Equity and the entirety of VHA to determine best organizational fit and suitability for all health care functions. This includes the standardization of data collection, as well as the development of corresponding products and processes as needed.</p>	<p>A key leader will be identified at the VHA level upon the completion of the Modernization Effort.</p>

			<p>specific health issues have the greatest impact on the care of minority Veterans.</p> <p>Linkage to the SECVA top five priorities is paramount.</p>			
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**NCA Response:** Concur

Currently, NCA does not collect and analyze race and ethnicity data. However, we revised our headstone, marker and medallion application forms to include a section where gender, race and ethnicity data will be captured. The revised forms are currently with OMB for review. We anticipate collecting race and ethnicity data by the start of FY18. Additionally, our systems used to order these products have been updated to collect this information in preparation for the execution of this effort.

<b>NCA Action Plan:</b>						
<b>Recommendation #1:</b>						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status as of June 2017</b>	<b>Contact Person</b>
1. Revise application forms.	MPS.	OMB.	1. All forms have already been updated and are with OMB for review.	October 1, 2017.	With OMB.	Eric Powell, MPS.
2. NCA operating systems.	MPS		2. All NCA IT systems updated to collect race and ethnicity.	June 2017	Completed.	

**Office of Enterprise Integration (OEI)/Data Governance and Analysis (DGA) Response:** Concur

OEI, not being a business line, does not collect data directly from Veterans. OEI integrates data from business line administrative data, and uses publically available data (i.e, Census) to conduct analysis on Veteran race and ethnicity data. OEI has conducted analysis on race and ethnicity data; most recently, in March 2017, we published the Minority Veterans Report which is the first comprehensive report that chronicles the history of racial and ethnic minorities in the military and as Veterans, profiles characteristics of minority Veterans in 2014 and illustrates how minority Veterans utilize VA benefits and services. In April 2017, OEI published the annual Profile of Veterans (2015), which includes analysis of minority Veterans. Additional data on race/ethnicity is also available in the annual Unique Veteran Profile.

The ACMV Annual Report reflected the publication of the Minority Veteran Report, but indicated “a further review by specific race and ethnicity is required to position the Department to meet the future

needs of a more diverse population.” Due to the small population numbers for some races, data needed to be aggregated into minority and non-minority Veterans to prevent identification of individual Veterans. However, OEI will coordinate with the Center for Minority Veterans to gain a better understanding of the desired “further review.”

<b>OEI (008B) Action Plan:</b>							
<b>Recommendation #1:</b>							
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status as of June 2017</b>	<b>Contact Person</b>	
1	OEI	CMV	Coordinate with CMV to define “further review” requirements to identify which can be satisfied in the annual Profile of Veterans.	Nov 2017		Tamara Lee	
2	OEI	CMV	Brief CMV on the annual Profile of Veterans prior to public release.	Feb 2018		Tamara Lee	
3	OEI		Publish annual Profile of Veterans.	March 2018		Tamara Lee	
4	OEI	CMV	Coordinate with CMV to define “further review” requirements for the next Minority Veteran Report (target publication March 2019).	June 2018		Tamara Lee	
5	OEI	CMV	CMV participates in review(s) of drafts of the Minority Veteran Report (target publication March 2019).	Dec 2018		Tamara Lee	
6	OEI		Publish Minority Veteran Report.	March 2019		Tamara Lee	

**Veterans Experience Office (VEO) Response:** Concur in Principle

Veterans Experience Office collects self-reported race data via service-level (transactional) web-based surveys. Because this data is voluntarily self-reported by Veterans (or other survey participants), VEO’s ability to identify potential disparities that effect minority Veterans (or other survey participants) is contingent on their willingness to provide this voluntary race information. To the extent that VEO receives such voluntary, self-reported race data, VEO will analyze this data and share with the Center for Minority Veterans. With respect to “address[ing]” potential disparities identified, such action appears to fall outside the scope of VEO’s distinct mission. Instead, such action would most appropriately be owned by the specific Administration/line of business providing the service or care.

VEO has added a self-reported race question to the Outpatient Survey, which has been launched. VEO will add this question to additional service-level (transactional) web-based surveys as they are stood up.

<b>Veterans Experience (00VE) Action Plan:</b>							
<b>Recommendation #1:</b>							
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status as of June 2017</b>	<b>Contact Person</b>	

1.	VEO	OI&T	<p>VEO collects <i>self-reported</i> race data via service-level (transactional) web-based surveys.</p> <p>Note that because this data is voluntarily self-reported by Veterans (or other survey participants) VEO's ability to identify potential disparities that effect minority Veterans (or other survey participants) is contingent on their willingness to provide this voluntary race information. To the extent that VEO receives such voluntary, self-reported race data, VEO will analyze this data and share with the Center of Minority Veterans.</p> <p>With respect to "address[ing]" potential disparities identified, such action appears to fall outside the scope of VEO's distinct mission. Instead, such action would most appropriately be owned by the specific Administration/line of business providing the service or care.</p>	n/a	<p>VEO has added a self-reported race question to the Outpatient Survey, which has been launched. VEO will add this question to additional service-level (transactional) web-based surveys as they are stood up.</p>	Hala Maktabi
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**Recommendation #2: That the Department of Veterans Affairs, Veterans Health Administration, follows through on its commitment to provide the VHA Office of Health Equity (OHE) necessary personnel resources by the end of FY 2017, to facilitate implementation of the VA Health Equity Action Plan.**

**Rationale:** In December 2016, VHA Deputy Under Secretary for Health for Organizational Excellence assured the Advisory Committee on Minority Veterans that the Office of Health Equity was approved for two additional full time employees in July 2016 and that the Office of Health Equity's mission had her full support. As of June 2017, no additional staffing resources have been provided. At the time of the drafting of this 2017 recommendation, VHA was completing the classification process to update the position descriptions prior to starting the recruitment action for these positions. However, such actions cannot be initiated since a waiver to allow recruitment under the current hiring process has not been approved.

In the recent 2016 Commission on Care Report, Recommendation #5 - Health Care Equity, the Commission recommended: VHA work to eliminate health disparities by establishing health care equity as a strategic priority; VHA provide the Office of Health Equity adequate resources, level of authority to successfully build cultural military competence among all VHA Care Systems providers and employees and; VHA ensures that the Health Equity Action Plan (HEAP) is fully implemented with adequate staffing, resources and support. The lack of additional staff in the Office of Health Equity has hampered the implementation of the HEAP.

[https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care\\_Final-Report\\_063016\\_FOR-WEB.pdf](https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf)

VA anticipates a smaller, but more diverse Veteran population. VA projects a future overall Veteran population in 2043 being 14.5 million, with minority Veterans being 5.2 million, and women Veterans being 2.3 million. Minority Veterans currently comprise approximately 33 percent of the women Veteran population. In 2014, 45.6 percent (2 million) minority Veterans were enrolled in VHA with approximately 1.3 million using the system and 16.9 percent of those users being service-connected. Therefore, with an anticipated minority Veteran population in 2043 being 5.2 million, if current trends continue, approximately 2.28 million minority Veterans would be enrolled in VA for healthcare.

[https://www.va.gov/vetdata/docs/SpecialReports/Minority\\_Veterans\\_Report.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf)

**VA Response:** Concur

**VHA (OE) Action Plan:** Office of Health Equity

**Recommendation #2:** That the Department of Veterans Affairs, Veterans Health Administration, follows through on its commitment to provide the VHA Office of Health Equity (OHE) necessary personnel resources by the end of FY 2017, to facilitate implementation of the VA Health Equity Action Plan.

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status as of June 2017	Contact Person
<p>As part of the VHA Modernization plan, complete the review of staffing requirements to effectively support the Health Equity Action Plan.</p> <p>This review should include a comprehensive assessment of which functions should be centralized and which functions should be disbursed among field offices or other parts of the organization. All functions need to support and promote organizational consistency.</p>	DUSHOE	All VHA Program Office have a proactive role in supporting the HEAP.	<p>VHA Office of OE, OHE, Communications and other sources to continue to promote health equity as a strategic priority.</p> <p>Based on the outcome of the Modernization plan, identify steps required to implement the HEAP on a national level.</p> <p>Activities may include actions such as those described in the Commission on Care Report, for example: designating a leader and health equity clinical champion within each VISN and VAMC.</p>	<p>Ongoing.</p> <p>Implementation underway.</p> <p>Finalization dependent upon the completion of the Modernization effort.</p>	<p>Action currently in progress as VHA implements its Modernization Strategy.</p> <p>VHA Modernization Team is looking at functions across the entire organization to include the Office of Health Equity in efforts to determine best organizational fit and suitability for programmatic support.</p>	A key leader will be determined at the VHA level upon completion of the Modernization Effort.

Ensure appropriate level of authority within organization.	Office of the USH with appropriate delegated office support.	As above.	As part of the Modernization Effort, identify the best organizational structure to underscore Health Equity as a priority. Position the office (or functions) to promote the advancement of health equity for all Veterans.	Ongoing.	In August 2016, OHE responded to and concurred with the Commission on Care recommendations regarding needed authorities to implement the HEAP.	VHA Senior Leadership.
Reestablish OHE staffing based on the 2011 VHA Health Care Equality Workgroup recommendations.	Office of Health Equity, Organizational Excellence (OE).	Workforce Management and Consulting Office (WMC).	Signed OHE organization chart with additional positions beyond 2 FTEs.  Recruitment action.	Complete.  May 2017.	In July 2016 initial approval to recruit four new FTE, pulled out of the larger OE to support OHE was granted. OHE requested additional administrative conversations with the DUSHOE during the autumn of 2016. These conversations resulted in OHE renegotiating previously approved vacancies. OE granted additional flexibilities and career ladder opportunities. An organizational chart was signed December 2, 2016. In January 2017 the hiring freeze occurred.  In May 2017 a waiver request	

			<p>OE to review available resources in January 2017 to see if an additional two FTE are available to complete the proposed staffing model.</p>	<p>Complete and On-going.</p>	<p>was made to recruit the positions. OHE finalized the development of the position descriptions.</p> <p>Recruitment.</p> <p>The OHE has been approved for six permanent FTE. The hiring freeze, as well as the VHA Modernization Efforts has significantly changed anticipated administrative actions from 2016.</p> <p>Pending organizational approval to recruit and the completion of the VHA Modernization Effort, which promotes a shared services support model, a more realistic analysis of OHE staffing needs may occur if needed.</p>	
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**Recommendation #3:** That the Department of Veterans Affairs publish an update to the 2015 Health Services Research and Development (HSR&D) Report entitled *Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA* to demonstrate the progress made to address the identified issues that impact minority Veterans by the end of FY 2018.

**Rationale:** Recent VA research projects have identified differences in clinical outcomes between minority and non-minority Veterans in the areas of pain management, hypertension, and end of life care. The projected increasing diversity of the Veterans by 2043 will result in the minority Veteran

population being approximately 35.7 percent (5.2 million) of the overall Veteran population of approximately 14.5 million, even as the total Veteran population decreases from its 2014 level of approximately 22 million. As VA positions itself to enhance patient-centered care and build trust for an increasingly diverse Veteran population, it is important for clinical disparities to be identified and addressed in a proactive manner.

The cited HSR&D report (p.8) identified evidence gaps and stated: "More research is needed to establish the presence or absence of a mortality or morbidity disparity for African Americans with diabetes, stroke, or venous thromboembolism (VTE), American Indians or Alaskan Natives following major non-cardiac surgery, and African American and American Indian or Alaskan Native pregnant women with post-traumatic stress disorder (PTSD). The few interventions that have improved racial/ethnic disparities within the VA have focused only on African Americans and have covered a narrow scope of clinical areas. More research is needed to examine disparities in Hispanic, Asian, Native Hawaiian or other Pacific Islander, and American Indian and Alaska Native groups, and in other priority conditions including HIV, hepatitis C, mental illness, spinal cord injury, substance use disorders, polytrauma, and blast-related injuries. Ideally, future research should be done in the form of prospective studies that address multiple minority groups and supplement VHA data with Medicare data."

<http://www.executivegov.com/2016/11/va-ssa-launch-medical-records-sharing-initiative-david-shulkin-comments/>

In the 2016 Commission on Care Report, Recommendation #5 - Health Care Equity, the Commission recommended: VHA increase the availability, quality, and use of race, ethnicity, and language data to improve the health of minority Veterans and other vulnerable Veteran populations with strong surveillance systems that monitor trends in health status, patient satisfaction, and quality measures. Updating this valuable research report will enhance VA's ability to monitor and measure progress made while focusing attention on areas requiring additional interventions.

[https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care-Final-Report\\_063016\\_FOR-WEB.pdf](https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care-Final-Report_063016_FOR-WEB.pdf)

Recently, VHA researchers found significant disparities for hypertension persisting in the VA healthcare system for particular racial/ethnic minority patients as compared to white patients in VA's patient-centered care medical homes.

<http://content.healthaffairs.org/content/36/6/1086>

**VA Response:** Concur

**Recommendation #3:** VHA (HSR&D) Action Plan

That the Department of Veterans Affairs publish an update to the 2015 Health Services Research and Development (HSR&D) Report entitled Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA to demonstrate the progress made to address the identified issues that impact minority Veterans by the end of FY 2018.

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status as of June 2017	Contact Person
Publication of report in Medical Care.	10P and 10E  QUERI Evidence-based Synthesis	HSRD.	Complete evidence review report for VA leadership.  Publish peer-reviewed article based on evidence	Sept 2017.	Report published May 2017: <a href="http://vawww.hsrd.research.va.gov/publications/esp/DisparitiesInterventions.pdf">http://vawww.hsrd.research.va.gov/publications/esp/DisparitiesInterventions.pdf</a>	Associate Director, Evidence-based Synthesis Program.

	Program.		review.		<p>Paper to be published 9/2/17 in Medical Care.</p> <p>Additional task includes implementation of a <u>QUERI-funded Partnered Evaluation Center</u> to act on results of report and provide surveillance of morbidity /mortality differences to inform quality improvement.</p>	
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**Recommendation #4: That the Department of Veterans Affairs ensure that the Spanish language versions of the instructions for applications for VA benefits and services are readily available, especially in areas of the country with high Latino/Hispanic populations, to assist Veterans and their family members seeking VA benefits and services.**

**Rationale:** Hispanic/Latino Veterans are expected to increase from approximately 1,500,000 in 2014 to approximately 2,055,000 in 2043 (Minority Veterans Report 2017, Figure 1, page 23). Various research studies have shown that language proficiency can be a barrier for Hispanic/Latino patients and family members.

<https://www.scu.edu/ethics/focus-areas/bioethics/resources/culturally-competent-care/culturally-competent-care-for-latino-patients/>

[http://www.vdh.virginia.gov/ohpp/clasact/documents/CLASact/research3/13\\_David.pdf](http://www.vdh.virginia.gov/ohpp/clasact/documents/CLASact/research3/13_David.pdf)

[http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2007/rwjf30140](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2007/rwjf30140)

The Advisory Committee on Minority Veterans (ACMV) has been asked by Hispanic/Latino Veterans to ensure that VA has outreach materials in Spanish to assist family members as they determine their eligibility for benefits and services or attempt to encourage their Veteran family members to apply for VA services. A review of the VA website in May 2017 revealed the existence of fact sheets, brochures, eBenefits publications, and an electronic version of the VA benefits book. Some of the fact sheets and brochures are in Spanish. However, the electronic version of the VA benefits book is only in English. The instructions on the new (Nov 2016) VA Form 40-10007 - Application For Pre-Need Determination of Eligibility for Burial In A VA National Cemetery is only in English which is not helpful to Veteran family member for which English is a second language. VA employees have asked the Center for Minority Veterans and Advisory Committee on Minority Veterans for information on the location of Spanish language outreach materials. Therefore, it would be helpful for all VA outreach personnel in high Hispanic/Latino areas to inform other VA personnel and Veteran family members of the location/availability of the Spanish language materials and that VA facilities in these areas have these translated documents readily available.

Outreach Material Links Available on VA Website:

[http://www.benefits.va.gov/BENEFITS/Benefits\\_Summary\\_Materials.asp](http://www.benefits.va.gov/BENEFITS/Benefits_Summary_Materials.asp)

Benefits Brochures link

<http://www.benefits.va.gov/BENEFITS/factsheets.asp>

Benefits Facts Link

[https://www.va.gov/opa/publications/benefits\\_book.asp](https://www.va.gov/opa/publications/benefits_book.asp)

Benefits Book Link

<https://www.ebenefits.va.gov/ebenefits/about/promotional>

eBenefits Publications

### **VA Responses:**

**VBA Response:** Concur

Recently, within the last 60 days, the Benefits Assistance Service (BAS) conducted U.S. Census data research related to areas of the country with high Hispanic populations. The research showed the VA regional offices (VAROs) with jurisdiction over those "high" Hispanic population areas were the Waco and Houston ROs, the San Diego, Oakland, and San Francisco ROs, the New York RO, the Chicago RO, and the Phoenix RO. (Please note the San Juan VARO website is already translated into Spanish <http://www.benefits.va.gov/sanjuansp/index-sp.asp>). In addition to researching Census data, BAS also reviewed the Annual Benefits Report (ABR) to research and consider benefit recipients' demographic information. Now that this research is complete, the next step is to submit the data from the VAROs within the high Hispanic population areas for translations. BAS will be turning over the web content of these VAROs to translators within the next 30 days as part of its Translation Services contract. It is expected that the translated web pages will be built by the end of this fiscal year. Additionally, BAS is in the planning stages of translating the Transition Assistance Program (TAP) Participant User Guides. The TAP program is currently undergoing a redesign, which will be completed in 2018. Upon completion of this redesign, the Participant User Guide will also be translated. Finally, as indicated below, the VA Federal Benefits for Veterans, Dependents and Survivors publication is prepared each year and has not been translated into Spanish since 2013. The following link directs you to the latest Spanish language version:

[https://www.va.gov/opa/publications/benefits\\_book/2013\\_Federal\\_Benefits\\_for\\_Veterans\\_Spanish.pdf](https://www.va.gov/opa/publications/benefits_book/2013_Federal_Benefits_for_Veterans_Spanish.pdf)

f. BAS will begin working with the Office of Public and Intergovernmental Affairs (OPIA) to translate this online version of the Federal Benefits Booklet and will work to have it translated into Spanish in 2018.

<b>VBA Action Plan: Recommendation #4:</b>						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status as of June 2017</b>	<b>Contact Person</b>
Translate web pages to Spanish.	BAS	OPIA	Provide webpage access to Translation Services contractors.	EOFY2017.	In Process.	Margarita Devlin, Executive Director, Benefits Assistance Service.
Update the TAP program to accommodate Spanish			Complete redesign of TAP program; assign Participant User Guide to Translation Services.	EOFY2018.		

speaking participants.			BAS will work with OPIA to update the Spanish version of the Federal Benefit Booklet.	EOFY2018.		
Update the VA Federal Benefit Booklet for Veterans, Dependents, and Survivors.						

**VHA Response:** Concur

**VHA Action Plan:** Office of Health Equity

**Recommendation #4:** That the Department of Veterans Affairs ensure that the Spanish language versions of the instructions for applications for VA benefits and services are readily available, especially in areas of the country with high Latino/Hispanic populations, to assist Veterans and their family members seeking VA benefits and services.

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status as of June 2017	Contact Person
<p>Assess existing resources for ESL Veterans and their families across VHA.</p> <p>Develop plan to remediate existing gaps. Ensure quality of existing materials.</p> <p>Develop new resources based on identified gaps.</p>	<p>Office of Policy and Services (10P).</p> <p>Recommend that this particular task be managed at the VA level, as it crosses all administrations to ensure consistency across the Agency.</p> <p>There will be a need for Senior representation for each administration to ensure ongoing emphasis on its importance.</p>	<p>All VHA program offices that collect and/or report data.</p>	<p>Identify stakeholders (i.e. Veterans Health Library, Connected Care, Community Care, Policy and Planning, Advocacy, et. al) for collaboration internally and externally.</p> <p>Engage Vets.Gov and the VSOs.</p> <p>Survey existing materials both print and electronic, to identify current resources and perform a concurrent gap analysis.</p>	<p>To be established by identified lead office.</p>	<p>This area needs continued enhancement.</p> <p>There were initial conversations with the Health Equity Advisory Coalition; however, it was determined that this is not a Health Equity issue in its entirety.</p>	<p>Suggest a conversation at the USH/PDUSH and DUSH levels to determine an appropriate office to lead the VHA portion of a combined response.</p> <p>The Office of Population Health might be considered as a strong candidate to fill this role.</p>

**NCA Response:** Concur

There are bilingual agents available to converse with customers in Spanish when scheduling internment services. Additionally, in areas of the country with a substantial population of Latino/Hispanics, NCA has bilingual representatives on site who are available to provide assistance.

Our Puerto Rico facility has created applications in Spanish; however, the majority of the application information is obtained online, and as previously mentioned, there are bilingual agents available to assist with this process.

<b>NCA Action Plan:</b>						
<b>Recommendation #4:</b>						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status as of June 2017</b>	<b>Contact Person</b>
None.	Diversity & Inclusion (43F2A)	N/A.	1. Bilingual agents available to speak with customers in Spanish when scheduling interment services.  2. Bilingual reps at cemeteries with substantial population of Latino/Hispanics.  3. Applications in Spanish in Puerto Rico.	Ongoing.  Ongoing.  Completed.	Completed.  In place.  In place.	Bea Bernfeld, Director D&I.

**OPIA Response:** Concur

OPIA will take steps to ensure that key outreach materials developed after the end of FY2017 will be available in Spanish, especially when those key materials will be distributed to areas with large Latino/Hispanic populations. The materials may include posters, brochures, or videos. Since software for translating webpages into different language is widely available for free, no changes will be made to the Homeless Programs website.

**Part IV. Agenda - Washington, D.C. Departmental Briefings**

**DEPARTMENT OF VETERANS AFFAIRS  
ADVISORY COMMITTEE ON MINORITY VETERANS (ACMV)**

December 6 - 8, 2016  
VA Central Office  
810 Vermont Ave., NW, Washington, D.C. 20420

**AGENDA**

**Tuesday – December 6, 2016 (VACO Room 230)**

8:00 a.m. - 8:30 a.m.	Opening Remarks & Review Agenda	Ms. Barbara A. Ward, DFO Mr. Lee Rivas, Chairman
8:30 a.m. - 8:45 a.m.	VA Advisory Committee Management	Mr. Jeffrey Moragne AC Management Officer
8:45 a.m. - 9:15 a.m.	VA Ethics Briefing	Ms. Carol Borden, Staff Attorney, Deputy Ethics Official
9:15 a.m. - 9:45 a.m.	Center for Minority Veterans	Ms. Barbara Ward, Director
9:45 a.m. - 10:00 a.m.	Break	
10:00 a.m. - 11:00 a.m.	VA Remarks/Photo Op	The Honorable Robert A. McDonald Secretary
11:00 a.m. - 11:45 a.m.	National Cemetery Administration	Mr. Glenn Powers Deputy Under Secretary for Field Programs

**Topics:**

- Native American Cemetery Grant Program Review
- Update on Outreach Activities
- Update on state/territory flag installations

11:45 a.m. - 1:00 p.m.	Lunch on Your Own	
1:00 p.m. - 1:30 p.m.	National Center for Veterans Analysis	Dr. Tom Garin Director, Statistics and Analytics Service

**Topics:**

- Update on Recommendation #1, 2015 ACMV Report, of a report on selected VA benefits and services utilization by minority Veterans
- Provide an update on latest Minority Veterans Report

1:30 p.m. – 2:00 p.m.	Office of Tribal Government Relations	Ms. Janel Voth, National
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**DEPARTMENT OF VETERANS AFFAIRS  
ADVISORY COMMITTEE ON MINORITY VETERANS (ACMV)**

December 6 – 8, 2016  
VA Central Office  
810 Vermont Ave., NW, Washington, D.C. 20420

**AGENDA**

**Wednesday – December 7, 2016 (VACO Room 230)**

8:00 a.m. - 8:30 a.m.	Opening & Review Agenda	Mr. Lee Rivas, Chairman
8:30 a.m. - 9:00 a.m.	CMV Updates	Mr. Earl Newsome, Deputy Director

**Topics:**

- Overview of CMV initiatives and ACMV Recommendations
- Overview of MVPC outreach activities

9:00 a.m. – 09:30 a.m.	Office of Health Equity	Dr. Uchenna Uchendu Chief Officer
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**Topics:**

- Update on current OHE initiatives

09:30 a.m. - 10:00 a.m.	Center for Women Veterans	Ms. Kayla Williams Director
10:00 a.m. - 11:00 a.m.	Veterans Health Administration	Dr. David J. Shulkin Under Secretary for Health

**Topics:**

- Update on Transformation Initiatives
- Update on the Choice Program
- Review of current VHA initiatives that focus on access
- Review of the VA Dental Program
- Update on Suicide Prevention

11:00 a.m. - 11:15 p.m.	Break	
11:15 a.m. – 12:00 p.m.	Board of Veterans Appeals	Ms. Carol A. DiBattiste Executive in Charge and Vice Chairman, Board of Veterans' Appeals

**Topics:**

- Provide an overview on BVA
- Provide status of FVEC cases under review

12:00 p.m. - 1:00 p.m.          Lunch on Your Own

1:00 p.m. - 1:45 p.m.          Community Veterans Engagement Boards      Ms. Margarita Devlin  
Executive Director  
Navigation, Advocacy  
And Community  
Engagement

**Topics:**

- Provide an overview

1:45 p.m. - 2:15 p.m.          Office of Rural Health

Ms. Gina Capra  
Director

Topics:

- Provide an update on access to insular areas
- Provide an update on outreach efforts in tribal areas

2:15 p.m. - 2:45 p.m.          Women's Health Services

Dr. Patricia Hayes  
Chief Consultant, Women's  
Services

**Topics:**

- Provide an overview on minority women's health

2:45 p.m. - 3:00 p.m.          Break

3:00 p.m. - 4:00 p.m.          Sub-Committee Discussions

Mr. Lee Rivas, Chairman

4:00 p.m. - 4:30 p.m.          Wrap Up

4:30 p.m.                          Adjourn

**DEPARTMENT OF VETERANS AFFAIRS  
ADVISORY COMMITTEE ON MINORITY VETERANS (ACMV)**

December 6 – 8, 2016

VA Central Office

810 Vermont Ave., NW, Washington, D.C.

**AGENDA**

**Thursday – December 8, 2016 (VACO Room 230)**

8:00 a.m. - 8:30 a.m.	Opening and Agenda	Mr. Lee Rivas, Chairman
8:30 a.m. - 9:30 a.m.	Office of Diversity & Inclusion	Ms. Georgia Coffey, Deputy Assistant Secretary for Diversity and Inclusion

**Topics:**

- Provide a review of minorities in Senior Grades
- Provide VA Employee Demographics
- Provide an overview of Leadership Development Programs
- Applicant Flow Analysis

9:30 a.m. - 10:00 a.m.	Ex-Officios Update	HHS – Dr. Andrew Sanderson Medical Officer  DOD DOL
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**Topics:**

- Update on departmental initiatives effecting minority Veterans

10:00 a.m. – 10:15 a.m.	Public Comments	Open to the public
10:15 a.m. – 11:00 a.m.	Leadership Exit Briefing	VHA, VBA, & NCA
11:00 a.m. – 11:15 a.m.	Break	
11:15 a.m. - 12:00 p.m.	Sub-Committee Meetings	Mr. Lee Rivas, Chairman
12:00 p.m. - 12:45 p.m.	Committee After Action Report	Mr. Lee Rivas, Chairman
12:45 p.m. – 1:00 p.m.	Wrap Up	
1:00 p.m.	Adjourn	

**Part V. Agenda – Albuquerque Site Visit**

**Department of Veterans Affairs  
Advisory Committee on Minority Veterans  
Albuquerque, New Mexico Site Visit 2017**

**AGENDA**

**Monday, April 10, 2017**

**Travel Day**

**Tuesday, April 11, 2017**

7:30 a.m.	Assemble in Hotel Lobby/Await Transportation Hyatt Place Albuquerque Airport 1400 Sunport PL, SE, Albuquerque, NM 87106	
8:00 a.m. - 8:30 a.m.	Travel to New Mexico VA Health Care System (HCS) Building 41, Main Hospital 1501 San Pedro Dr., SE, Albuquerque, NM 87108	
8:30 a.m. - 8:45 a.m.	Meet/Greet NM VA Health Care System Staff Assemble in Meeting Room 4A-160 (4 <sup>th</sup> Floor – Performance Improvement Conference Room)	VA HCS Lobby
8:45 a.m. - 9:00 a.m.	Opening remarks, Admin. & Prepare for NM VA HCS Briefing	Barbara Ward, DFO Lee Rivas, Chairman
9:00 a.m. - 11:00 a.m.	NM VA HCS Briefing	Andrew Welch, Director Clyde Fletcher, MVPC

**Topics:**

Outreach to Minority Veterans (MVPC)  
Women & Homeless Veterans  
Leadership Training Programs  
Choice Program/Rural Health Initiatives  
Suicide Prevention

11:00 a.m. – 12:00 p.m.	VAMC Tour ( <b>Tour closed to the Public</b> )	
12:00 p.m. - 1:30 p.m.	Lunch in NM HCS Canteen (on your own)	
1:30 p.m. – 1:45 p.m.	Opening remarks, Admin. & Prepare for Albuquerque RO Briefing	Barbara Ward, DFO Lee Rivas, Chairman
1:45 p.m. – 3:15 p.m.	Albuquerque Regional Benefit Office Briefing Bldg. 41, Main Hospital, 4 <sup>th</sup> Floor – Room 4A-160 (Performance Improvement Conference Room) 1501 San Pedro Dr., SE, Albuquerque, NM 87108	Sammie Quillin, Director Kenneth Anaya, MVPC

**Topics:**

Outreach to Minority Veterans (MVPC)  
Women & Homeless/Incarcerated Veterans

Leadership Training Programs  
Intake Sites  
Catchment Area Discussion  
Claims Processing  
Home Loan Program & Transformation Initiatives

- 3:15 p.m. - 3:30 p.m. Board Transportation for Albuquerque Regional Benefit Office
- 3:30 p.m. – 4:00 p.m. Depart for Albuquerque Regional Benefit Office  
Dennis Chavez Federal Building  
500 Gold Avenue, SW, Albuquerque, NM 87102
- 4:00 p.m. – 5:00 p.m. Albuquerque Regional Benefit Office Tour **(Tour Closed to the Public)**
- 5:00 p.m. – 5:15 p.m. Depart for Hotel  
Hyatt Place Albuquerque Airport

**Wednesday, April 12, 2017**

- 7:15 a.m. Assemble in Hotel Lobby/Board Bus  
Hyatt Place Albuquerque Airport  
1400 Sunport PL, SE, Albuquerque, NM 87106
- 7:30 a.m. - 9:00 a.m. Travel to Santa Fe National Cemetery  
Admin Bldg. – Employee Break Room  
501 North Guadalupe Street, Santa Fe, NM 87501
- 9:00 a.m. - 9:15 a.m. Meet/Greet NCA Staff  
Assemble in Meeting Room – Employee Break Room
- 9:15 a.m. - 11:15 a.m. Santa Fe Nat'l Cemetery Briefing/Tour Jared Howard, Assistant Director  
Ezequiel Acevedo, MVPC
- 11:15 a.m. - 11:30 a.m. Assemble/Board Bus to Local Restaurant (Santa Fe, New Mexico)
- 11:30 a.m. - 1:00 p.m. Lunch
- 1:00 p.m. - 1:30 p.m. Assemble/Board Bus for Town Hall Meeting
- 1:30 p.m. - 3:30 p.m. Depart for Town Hall Meeting  
Indian Pueblo Cultural Center (IPCC)  
2401 12<sup>th</sup> St., NW, Albuquerque, NM 87104
- 3:30 p.m. – 4:30 p.m. Prep for Town Hall Meeting
- 4:30 p.m. – 6:30 p.m. Town Hall Meeting Barbara Ward, DFO  
Lee Rivas, Chairman  
Indian Pueblo Cultural Center (IPCC)  
2401 12<sup>th</sup> St., NW  
Albuquerque, NM 87104
- 6:30 p.m. – 6:45 p.m. Assemble/Board Bus for Hotel  
Hyatt Place Albuquerque Airport

**Thursday, April 13, 2017**

7:00 a.m.	Assemble in Hotel Lobby/Await Transportation Hyatt Place Albuquerque Airport 1400 Sunport PL, SE, Albuquerque, NM 87106	
7:15 a.m. - 8:30 a.m.	Travel to New Mexico VA Health Care System (HCS) Building 41, Main Hospital 1501 San Pedro Drive, SE, Albuquerque, NM 87108	
8:30 a.m. - 8:45 a.m.	Meet/Greet NM HCS Staff Assemble in Meeting Room 4A-160 (4 <sup>th</sup> Floor – Performance Improvement Conference Room)	VA HCS Lobby
8:45 a.m. - 10:00 a.m.	Committee after Action Review & Sub-committee Notes <b>Prepare for Exit Briefing</b>	Barbara Ward, DFO Lee Rivas, Chairman
10:00 a.m. - 10:30 a.m.	Public Comments	
10:30 a.m. - 12:00 p.m.	Conduct <b>Exit Briefing</b> VBA Leadership – Mr. Sammie Quillin, Director VHA Leadership – Mr. Andrew Welch, Director NCA Leadership – Mr. Jared Howard, Assistant Director (Vants Line 1-800-767-1750, ext. 77061)	
12:00 p.m. - 1:00 p.m.	Lunch in NM HCS Canteen (on your own)	
1:00 p.m. - 4:00 p.m.	Work on ACMV 2017 Report (1st Draft)	Lee Rivas, Chairman
4:00 p.m. - 4:30 p.m.	Administrative Paperwork	
4:30 p.m. – 4:45 p.m.	Adjourn Meeting	
4:45 p.m. – 5:00 p.m.	Assemble in Lobby/Await Transportation Hyatt Place Albuquerque Airport	

**Friday, April 15, 2016**

**Travel Day**

## **Part VI. Town Hall Meeting – Albuquerque, New Mexico**

The ACMV hosted a Veterans Town Hall Meeting at the Indian Pueblo Cultural Center (IPCC). The meeting provided Veterans a forum to share with committee members issues of concern and to obtain answers to questions related to VA benefits and services. Approximately 16 Veterans and some family members were in attendance. Local VA officials from the New Mexico Health Care Center (HCS), Albuquerque Regional Benefit Office and the Santa Fe National Cemetery served as panel members during the meeting. Numerous questions were raised regarding the backlog of claims, how to qualify for clothing allowances, Native American Cemetery Grant Program, Native American Direct Home Loan Program, and Tribal HUD-VASH Program. Tribal Veterans recommended that VA staff need to be culturally sensitive when dealing with different tribes. VA needs to “physically” go out to the highly rural areas. Veterans also inquired about the VSO Legislation – a change in 38 CFR 14.628 which allows eligible tribal Veteran Service Organizations to become accredited by VA. VA officials to provide appropriate follow up on several issues.

**Part VII. Exit Briefing with Albuquerque Regional Benefit Office, New Mexico Health Care System (HCS), and Santa Fe National Cemetery**

Sammie Quillin, Director, Albuquerque Regional Benefit Office:

- Referenced substance abuse – it is on the rise – turning more to educating the Veterans on the resources available that VA offers.
- VBA does not have a marketing budget.
- It is a challenge in getting the word out to the Veterans – getting the Veterans to attend town hall meetings. Even if the word gets out there – still have an issue in getting Veterans to attend. Need to find out where the “disconnect” is.
- Will definitely look at the VSO’s outside of the Regional Office – the RO Director has been on board for 3 months but will definitely look at this – will do better coordination.
- Referenced the VRE Program – he will check to see if Albuquerque is the only area that has a VRE Program.
- 71 percent of employees in the Regional Office are Veterans.

Andrew Welch, Director, New Mexico Health Care System (HCS):

- Referenced the outreach efforts – the Minority Veterans Programs Coordinators (MVPC) will conduct more aggressive outreach – expand their outreach efforts.
- Had a conversation with VBA and NCA about coordinating with their MVPCs in conducting their outreach efforts.
- Now that the Hiring Freeze has been lifted, VHA will be able to target more interns from Colleges, etc.
- Planning on backing out of the Residential Program and turn more to outreaching to the Veterans with substance abuse – especially physically going out to the Veterans.
- Also looking at turning to genetic testing to assist in substance abuse.
- Will need to focus on communication processes to get the word out to Veterans on available services.
  - Do have a lot of Native American Veterans in their area and a lot of Native American Veterans prefer to go to their Indian Health Centers for care.
  - Will do a more aggressive outreach effort – provide research efforts to target the needs of Native Americans.
- Do not have the budget for advertising. Marketing efforts is very low – reluctant to spend a lot of money on marketing, money that can be spent on taking care of the Veterans.
- Veterans enrolled in the VA has a low suicide rate – Veterans not enrolled/unknown to the VA have a high suicide rate.

Jared Howard, Assistant Director, Santa Fe National Cemetery:

- Just attended the Cemetery Directors Conference.
- Do coordinate outreach efforts with VBA & VHA but not necessarily with the MVPC – do rotate their staff in their outreach efforts.

**APPENDIX A: Action Plans Follow Up**

**Roll Up of Open ACMV Reports Action Plans 2012 and 2016 Update Spreadsheets**

2016 Action Plan Update Spreadsheet  
ACMV 2016 Report Action Plan

2016 Action Plan Update Spreadsheet

Report Year	Recommendations	Program Office	Page	Current Status as of 1 July 2017	Projected Completed Date (Date/NA)
2016	Recommendation #1	VBA		Non-concur	See Response to 2017 Annual Report Recommendation #1.
2016	Recommendation #1	OPP/OEI		On-going	See Response to 2017 Annual Report Recommendation #1.
2016	*Recommendation #2	VHA		In Progress	See Action Plan to 2017 Annual Report Recommendation #2.
2016	Recommendation #3	NCA		On-going.	See 2016 Action Plan Response.

**\*See Updated Action Plans**

**Recommendation #1:** That the VA executes a contract to publish a report which reflects current utilization of VA benefits and services, and disability compensation awards by race, ethnicity, and gender by the end of FY 2017.

**Recommendation #2:** That the VHA Office of Health Equity (OHE) be restored to its original eight Full-Time Equivalent (FTE) staffing level by the end of CY 2016.

**Recommendation #3:** That the National Cemetery Administration implements a targeted burial benefits outreach program to eligible spouses, and dependent children of Veterans to increase their awareness of their eligibility for burial benefits by the end of FY 2017.

**VA Response:**

NCA has established Minority Veterans Programs Coordinators who conduct targeted outreach. During these outreach events, representatives share information to increase awareness of burial benefits available to eligible spouses and dependent children of Veterans. As of the second quarter of FY 2017, over 944 outreach events have been attended. Approximately 39 percent of attendees were minorities.

NCA Action Plan:						
Recommendation #3						
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status as of July 2017	Contact Person
Conduct targeted burial outreach with eligible spouses and dependent children.	Diversity & Inclusion (43F2A).	N/A.	Communication plan and products.	Ongoing.	MVPCs are sharing information and attending outreach events. As of 2 <sup>nd</sup> Qtr FY17, over 944 outreach events attended and approximately 39 percent were minorities.	Bea Bernfeld.

2012 Action Plan Update Spreadsheet  
ACMV 2012 Report Action Plan

2012 Action Plan Update Spreadsheet

Report Year	Recommendations	Program Office	Page	Current Status as of 1 July 2016	Projected Completed Date (Date/NA)
2011	Recommendation #13	CMV		Ongoing	Submission with FY 2018 Budget (OCLA confirmed – 7/5/2017)

**\*See Updated Action Plans**

**Recommendation #13:** The Center for Minority Veterans submitted a request to the VA Legislative Review Panel (LRP) to have the ACMV Report changed from an annual to a biennial report. The proposal was identified in this review cycle by a designation of: 00M-1, NEW, Requirement for Biennial Report on Advisory Committee on Minority Veterans.

**Prior Response:** Originally in the ACMV 2011 Report Action Plan (as of September 2011) and was approved in 2012. The VA and OMB both approved – will be submitted with the 2018 Budget.

## **APPENDIX B:                   Advisory Committee Biographies**

### **Nyamekye C. Anderson African American**

Nyamekye Anderson is currently a Federal Agent with the Department of Energy. He is also the Founder/Executive Director of the Veterans and Community Global, Inc. He is responsible for the overall strategic and operational management of the Veterans and Community Global, Inc. staff, programs, expansion, and execution of this nonprofit's mission.

Mr. Anderson served in the Marine Corps from 1995-2003. He served in combat tours and participated in the Platoon Direct Action Raid on Safwan Hill, Iraq on March 21, 2003. He received numerous medals to include: Navy and Marine Corps Achievement Medal, Armed Forces Expeditionary Medal, and Humanitarian Service Medal.

Mr. Anderson is an active member of the Disabled American Veterans (DAV) and is a Veterans Advocacy Committee Member at the VA Medical Center in Albuquerque, NM. He is also the President of the Veterans and Families of Central New Mexico Club at the Central New Mexico Community College.

Mr. Anderson has a Bachelor in Aviation and a Master's in Business Administration. He currently resides in Albuquerque, NM.

### **Melissa Castillo Hispanic**

Melissa Castillo, Veterans Service Officer at the Dallas County Veterans Service Office (VSO) in Dallas, TX., was born and raised in Laredo, Texas until age 10 when her family moved to Converse, Texas.

Ms. Castillo enlisted in the Navy in 1994 and separated from active duty in 1996 with an honorable discharge. From 2003-2007, she served in the Navy Reserve. She completed basic training and Torpedoman's Mate "A" School at the Naval Air Station, Orlando, FL. Her duty station included on board the USS Simon Lake (AS-33) in La Maddalena, Sardinia, Italy; Naval Submarine Base, New London, CT; and Naval Operational Support Center, San Antonio, TX.

Ms. Castillo is an accredited Veterans Service Officer and has assisted many Veterans, surviving spouses and dependents in acquiring benefits with the Department of Veterans Affairs for over 9 years. She is currently the Treasurer of the Veterans County Service Officer Association of Texas, member of the Greater Dallas Veterans Council, and member of the Dallas County Aggie Mom Club. She also served as the Assistant Regional Director for San Antonio Region, Veterans County Service Officer Association of Texas; as the Assistant Women Veterans Coordinator; as Veteran's Liaison for Congressman Ciro Rodriguez to coordinate with office staff in assisting Veterans and surviving spouse's in applying for DVA benefits; Veterans Liaison for VITAS Innovative Hospice Care; Liaison to the Gold Star Families in Bexar County; Advisor to the US Army Survivor Outreach Services Program, and Advisor to the Alamo Community College District Veterans Affairs Committee.

Ms. Castillo has received many awards and recognition which included: Appreciation Award Plaque for Outreach Service from Veterans of Foreign Wars Post 837; Outstanding Officer of the Year Award 2011-2012 from the Veterans County Service Officer Association of Texas; Appreciation Plaque for

Outreach Services from Veterans of Foreign Wars from Harlandale Memorial Post 4815; Certificate of Honor from the Veterans County Service Officers Association of Texas; Certificate of Recognition and Honor from Veterans of Foreign Wars Post 76; and Certificate of Appreciation from Veterans of Foreign Wars Post 9603.

Ms. Castillo graduated from Judson High School in Converse, Texas. She graduated from Our Lady of the Lake University with a Bachelor's Degree in Social Work and is currently prospecting graduate schools to further her education while working full-time.

**Benno Cleveland**  
**Alaska Native**

Benno Cleveland is an Alaska Native Veteran, born in Fairbanks, Alaska. He enlisted in the Army in 1968 under the "Great Society Choice" and served two tours of duty in Dong Tam, Vietnam, where he earned a Purple Heart before being released from the service in 1970.

In 2000, Mr. Cleveland founded the Alaska Native Veterans Association and is currently serving as the President. He helps Alaska Native Veterans identify and advocate for benefits due to them from local, state and federal agencies. After dealing with PTSD himself, he now assists other Veterans in dealing with PTSD and with other health issues related to PTSD.

He has served on numerous boards: Coordinator, Spiritual Unity of the Tribes Gathering in Alaska; Vice President, Alaska Native Veterans Association from 2000-2002; Vice Chair and Chair, Midnight Sun Intertribal Pow Wow Council; Senior Vice Commander and Department Commander, Military Order of the Purple Heart; and member of the Chapel of the Four Chaplains.

In recognition of Mr. Cleveland's distinguished military service and continued service, the Alaska Federation of Natives (AFN) bestowed him with their "Veteran of the Year" honors in 2014 at their Annual Convention in Anchorage, Alaska.

**Ginger Miller**  
**African American**

Ginger Miller is a native New Yorker and former homeless service disabled Veteran. She served in the Navy from 1989 to 1992. After taking care of her husband, a disabled Veteran who has suffered from PTSD for over a decade and experiencing homelessness with her family, she became Founder and CEO of two nonprofit organizations that serves Veterans and their families: John 14:2, Inc. and Women Veterans Interactive.

Ms. Miller's advocacy and outreach efforts have led her to host Veteran Round Tables with state Veterans agencies and elected representatives. She facilitates workshops for Veteran caregivers and frequently receives invitations to speak at various government agencies. She has served on numerous boards: Chairwoman of the Prince George's County Veterans Commission; Commissioner Maryland Commission for Women; Member of the Maryland Veterans Resilience Advisory Council; Maryland Minority Business Economic Advisory Committee; and a Member of the Maryland Caregivers Support Coordinating Council. She is currently a member of Disabled American Veteran (DAV). She was recognized by the White House as a 2013 Champion of Change for Women Veterans.

Ms. Miller received a Bachelor's Degree in Accounting from Hofstra University in Hempstead, NY and is currently pursuing a Masters in Nonprofit Management and her MBA at the University of Maryland University College.

**\*\*Librado M. Rivas, Command Sergeant Major, USA (Retired)  
Hispanic**

Command Sergeant Major Rivas retired with over 25 years of total U.S. Army service. Mr. Rivas has over 42 years of combined U.S. Army and Government service. As a Command Sergeant Major, Mr. Rivas served at the Brigade and Battalion level. As a Government civilian, Mr. Rivas served in the Pentagon, as a senior GS-15, leading Army-wide programs in Lean Six Sigma, Force Structure, Systems Analyses and Permanent Change of Station.

Mr. Rivas serves as a life-time member in the American GI Forum, American Legion, Disabled American Veterans and Veterans of Foreign Wars. In the American GI Forum, Mr. Rivas has served as National Vice-Commander, National Treasurer, National Secretary, National Liaison Officer-Washington, DC and State Commander. In these capacities, he provides leadership, direction and recommendations to the VA and VSOs to ensure Veterans are provided the entitlement and benefits we have all earned by our service to our country. As a Post Service Officer with VFW 76, San Antonio, TX, Mr. Rivas also works with Veterans to provide assistance and keep them informed of their entitlements and benefits offered by VA, federal, state and local agencies.

Mr. Rivas's last federal position was at the Pentagon serving as Director, Army Lean Six Sigma (LSS) Program. He provided leadership and direction for the Army-wide program focused on continuous process improvement. He served as the LSS Principal Advisor to general officers who are the stewards of our nation's military resources. Mr. Rivas ensured that the Lean Six Sigma Program continued to be an essential element to drive performance excellence to reducing inefficiencies and cost and enabling informed decision making.

Mr. Rivas holds a Master's of Science in Administration from Central Michigan University and a Bachelor's of Science in Business Administration from the University of Maryland.

Mr. Rivas is a native of Sinton, TX and the father of two - Lee, Jr. and Susan.

**Ghulam H. Sangi  
Asian American**

Ghulam Sangi is currently President/CEO of Saharo Foundation, Maryland based 501©(3) Nonprofit Corporation. He enlisted in the Army in 2000 and served three combat tours in Kuwait and Afghanistan. He received numerous campaign medals to include: A Bronze Star, Afghanistan Campaign Medal, Meritorious Service Medal, Army Commendation Medal, National Defense Service Medal, Global War on Terrorism Expeditionary Medal, and Global War on Terrorism Service Medal.

Mr. Sangi started the first and chaired the American Veterans Affinity Network at the Office of Director National Intelligence. He assisted with the development of policies and programs to attract, retain and promote a diverse workforce for the entire Intelligence Community (IC). He served as a consultant to the Director of EEOD ODNI on issues related to EEO and diversity with a specific focus on Veterans. He represented thousands of Veterans across IC.

Mr. Sangi is a member of the American Legion and Disabled American Veterans (DAV). He has a Master's of Business Administration in Management from Strayer University, Maryland, and a Bachelor of Science in Engineering from Mehran University, Pakistan.

Mr. Sangi was a recipient of the Senior Executive Fellows Program and Emerging Leaders Program at the Harvard Kennedy School, Cambridge, MA. He also received a Certificate in Executive Leadership from Cornell University, NY. He currently resides Ellicott City, Maryland.

**Xiomara Sosa**  
**Hispanic**

Xiomara A. Sosa is the Founder and Principal of XAS Consulting, LLC (XAS), an integrative mental healthcare and holistic wellness private practice consulting firm she founded in 2003 that serves all communities. She is a clinical mental health – forensic counselor, a nonprofit executive, a social change advocate, and a United States military Veteran. As a multicultural counselor, her cultural competency specialty is focused on working with the Hispanic, Veteran, and sexual and gender minority (LGBTQQIA) communities.

During Ms. Sosa's military career, she served in the Air Force Reserves from 1983-1986, in the Army from 1986-1988, and in the Army Reserves from 1988-1994. She was awarded the Campaign Air Force Training Ribbon, Campaign Army Service Ribbon, Army Certificate of Achievement for Meritorious Service and Army Achievement Medal for Meritorious Service.

Ms. Sosa founded two national nonprofit, social change advocacy organizations: The Get-Right! Organization, Inc. in 2010 and You Are Strong! in 2011 to effect positive social change through innovative and purposeful advocacy initiatives that serve her communities.

Ms. Sosa has served on numerous boards: Women Veteran Social Justice Board of Directors; Military Partners and Families Veteran Initiative; Semper Fidelis Health and Wellness Advisory Board Mental Health Officer; Senate Republican Conference Task Force on Hispanic Affairs Advisory Committee, and is currently a member of the Women in Military Service for America Memorial Foundation, Inc.

She earned her Bachelor of Science Degree in Psychology from the University of Phoenix and her Master of Science Degree in Mental Health – Forensic Counseling from Walden University. She is currently a doctoral student working on her Doctor of Philosophy in Human Services – Public Health. She is a National Certified Counselor and Licensed Professional Counselor-Intern (Application Pending). She attended the USAF University Community College of the Air Force, is a graduate of the USAF Military Training Center, the USAF Technical Training Center, and the United States Army Training Center.

**Larry M. Townsend**  
**American Indian**

Larry Townsend is an enrolled member of the Lumbee Tribe of North Carolina and a volunteer Tribal Veterans Service Officer for the Lumbee Tribe of North Carolina. He is a Vietnam Veteran, having served honorably in Vietnam in 1969. While in the Army, he attained the rank of SP5 in Vietnam and earned the Bronze Star Medal. He is also currently serving his second term on the Lumbee Tribal Council.

Mr. Townsend currently serves as the East Region Commander for the National American Indian Veterans, Inc. He was re-elected to serve another two-year term as the Southeast Region Vice President to the Executive Board of the National Congress of American Indians (NCAI). He also serves as co-chair of the Veterans Committee for the National Congress of American Indians in which he has served in this capacity for over 8 years.

Mr. Townsend is a life member of the Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), Vietnam Veterans of America (VVA), and a member of the American Legion. Mr. Townsend is a Graduate FELLOW of the North Carolina Institute of Political Leadership, spring of 1989. He was a past 8 year member of the North Carolina Commission on Indian Affairs. He has a BA Degree in Justice and Public Policy with a concentration in Politics from North Carolina Wesleyan College. Also, he has two Associate Degrees.

Mr. Townsend currently resides in Pembroke, North Carolina and married to Dr. Rose Marie Lowry-Townsend. He loves to read, has a passion for politics and assisting Veterans, and loves to play golf.

**Maria B. VAA-Igafo**  
**Pacific Islander**

Maria VAA-Igafo currently works as the Sua District County Chief, for the American Samoa Government, Department of Samoan Affairs in Pago Pago, American Samoa. She is responsible for the welfare and good order of the people within the Sua District and supervises 7 village Mayors.

Ms. VAA-Igafo's military career consisted of over 30 years of service in the Army with a combination of both active and reserve before retiring. She received numerous service medals to include: Meritorious Service Medal, Army Commendation Medal, Army Reserve Components Achievement Medal, National Defense Service Medal, and Global War on Terrorism.

Ms. VAA-Igafo is currently the VFW Service Officer for American Samoa, Hawaii State Post Judge Advocate, and the Assistant Disability Service Officer. Since there is limited access and assistance due to the American Samoa being a remote location, she volunteers her time on several outreach programs to assist Veterans in American Samoa and in other neighboring Islands with their benefits entitlements.

Ms. VAA-Igafo currently resides in Pago Pago, American Samoa.

**Cornell A. Wilson Jr., Major General, USMC (Retired)**  
**African American**

Major General Cornell Wilson, Jr. currently serves as North Carolina's Secretary of Military and Veterans Affairs. He advises the Governor, State Agencies and General Assembly on initiatives to support the Departments of Defense and Homeland Security communities and activities located in the state. He also chairs the Governor's Working Group on Veterans, Service members and their Families to ensure their needs are met through coordination and collaboration with the Veterans Administration, State Agencies and Veterans organizations.

A graduate of the University of South Carolina, he received his commission in the United States Marine Corps through the Navy ROTC program in 1972. He has a long and distinguished record of service to our country in both active and reserve duty assignments. He has commanded Combat Arms and Combat Service Support units from the Company, Battalion, Group and Brigade levels. His

staff assignments included service in manpower, operations and logistics positions. Selected as a General Officer in 1999, he served as a Deputy Commanding General for Marine Forces Central Command, Commanding General for 4th Logistics Service Support Group, Commanding General for II MACE, Deputy Commanding General II MEF, Commanding General Marine Forces Europe, Deputy Commanding General Marine Forces Command, and Commanding General Marine Forces Southern Command. In 2003, he commanded a Joint Task Force of Coalition Partners in support of Operation Iraqi Freedom based in Kuwait.

His professional military education includes the Harvard University Program for Senior Executives for National and International Security, Marshall Center Senior Executive Seminar, NATO Defense College General and Flag Officer Course, National Defense University's Capstone Course and the Logtech Executive Course.

Cornell is a founding Board member for Charlotte Bridge Home, a nonprofit organization dedicated to supporting military members and their families transitioning off of active duty. He and his wife, Mary, reside in Charlotte, N.C.

**Fang A. Wong**  
**Asian American**

Fang A. Wong was born in Canton, China, immigrated to the United States in 1960 at the age of 12 and has been a naturalized citizen since 1963. He joined the Army in 1969 and served 25 months in Vietnam. He also served tours in Germany, Korea and at several stateside bases. His military decorations included the Bronze Star, numerous Meritorious Service Medals, Republic of Vietnam Service Medal, and the Republic of Vietnam Campaign Medal. He retired after 20 years of service.

After retirement, Mr. Wong joined the American Legion, Lt. B.R. Kimlau Chinese Memorial Post #1291 and has been a member for 26 years. He has held many positions at the Post, County, District levels throughout the years and was elected Commander of the Department of New York American Legion. From 2011-2012, he was elected as the American Legion National Commander.

Mr. Wong has served on several committees and commissions in various positions. He was a member of the Department of Labor's Advisory Committee on Veterans Employment, Training, and Employer Outreach (ACVETEO) from 2006-2009.

Mr. Wong was inducted into the New York State Senate Veterans' Hall of Fame in 2012. He currently resides in East Brunswick, NJ with his wife Barbara Lam, of 40 years, and has one son, Eric.

**Anthony C. Woods, USA**  
**African American**

Tony Woods, a northern California native, works for Cisco as an advisor to government clients focused on innovation and security. Prior to joining Cisco, Tony worked for President Obama's reelection campaign and served in the Obama administration as a White House Fellow assigned to the US Office of Personnel Management. Before that, Tony managed a program that developed volunteer-driven solutions for American cities as a program director at ServiceNation. The program focused on improving outcomes in third grade literacy attainment, environmental sustainability, neighborhood revitalization, and Veteran reintegration.

In 2009, Tony launched a bid to represent California's 10th district in the US House of Representatives. He's served as an aide to the Governor of New York and as an officer in the US Army. While in the Army, he deployed twice to Iraq and earned the Bronze Star for his service. Tony has written op-eds on politics and national security for The Washington Post, Daily Beast, and Huffington Post and appears regularly on The Agenda on SiriusXM.

He's earned an M.P.P. from Harvard's Kennedy School of Government, a B.S. from West Point, and is currently an Executive MBA candidate at the University of Maryland's Smith School of Business. Tony serves on the Board of Directors of the Human Rights Campaign and on advisory boards for the American Red Cross and the Truman National Security Project. Tony and his husband Zack reside in the Washington DC area.

\*\* Chairman